

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 08/18/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 08/19/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM	21	860	DUPLICATE OF CLAIM-SYSTEM				
	H/DD/SAS							
		7702	463	IPRS DOES NOT ACCEPT ONE OR MORE OF THE BILLED MODIFIERS	5	3052	6294	3242
				PLEASE CORRECT THE MODIFIER IN				
		8961	438	ATTENDING PROVIDER NPI IS MISSING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
3404904	WESTERN HIGHLAN	8326	712	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
	DS LME			THIS CLAIM OR THE NPI SUBMITTE				
		8800	135	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	975	5017	4042
		8534	77	SERVICE FACILITY LOCATION IS NOT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
3404910	PATHWAYS	8534	790	SERVICE FACILITY LOCATION IS NOT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				
		8326	399	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	14	1645	6091	4446
				THIS CLAIM OR THE NPI SUBMITTE				
		21	152	DUPLICATE OF CLAIM-SYSTEM				
3404912	MENTAL HEALTH PARTNERS	79	47	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8622	39	60 RESIDENTIAL LEVEL II TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	115	1495	1380
		191	13	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404913	MECKLENBURG COMMUNITY MENTAL HEALTH	8800	401	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	126	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	899	5120	4221
		23	78	SERVICE REQUIRES PRIOR APPROVAL				
3404916	CROSSROADS BEHAVIORAL HEALTH	8326	365	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8599	55	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	477	2533	2056
		79	18	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUMAN SERVICES	23	98	SERVICE REQUIRES PRIOR APPROVAL				
		8800	87	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	285	5609	5324
		8536	20	ATTENDING PROVIDER TYPE AND SPECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PER				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8800	642	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8537	203	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	957	3310	2353
		8599	54	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	5	5
3404921	ORANGE PERSON C HATHAM AREA	8599	78	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	41	DUPLICATE OF CLAIM-SYSTEM	0	159	5637	5478
		8326	15	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404922	THE DURHAM CENT ER	21	883	DUPLICATE OF CLAIM-SYSTEM				
		8800	841	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1753	2243	490
		8664	16	SERVICE DENIED, LIMITATION HAS BEEN EXCEEDED FOR THE FISCAL YEAR.				
3404923	FIVE COUNTY MH	8534	937	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
		8326	630	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	1895	2855	960
		11	306	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8800	164	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	125	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	559	7114	6555
		8326	110	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8326	59	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	2	226	2667	2441
		8505	40	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404927	CUMBERLAND CO M HC	8988	49	CLAIM DENIED, ATTENDING PROVIDER WAS NOT ENDORSED/LICENSED/CERTIFIED				
		8599	15	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	85	970	885
		11	10	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8326	165	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		23	118	SERVICE REQUIRES PRIOR APPROVA L	0	443	2062	1619
		8961	58	ATTENDING PROVIDER NPI IS MIS SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
3404931	WAKE CO HUM SVC BILLING OF	11	17	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8326	10	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	80	577	497
		8536	8	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404933	SOUTHEASTERN CT R FOR MH/DD	8326	48	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8536	20	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	90	4393	4303
		5404	9	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TGS/DOS/MOD				
3404934	ONSLow CARTERET BEHAV HEAL	8326	136	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		11	91	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	393	1599	1206
		3101	73	THE TAXONOMY CODE FOR THE ATTE NDING PROVIDER IS MISSING				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	79	32	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8326	6	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	45	3226	3181
		8654	2	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404939	EAST CAROLINA B EHAVIORAL H	8800	196	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		79	71	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	15	498	5042	4544
		7001	46	EXCEEDS THE ONE PER DAY LIMITA TION				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
		0	0		0	0	0	0
3404943	ALBEMARLE MENTAL HEALTH CE	8599	73	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	17	CLIENT NOT ELIGIBLE ON SERVICE DATE	2	155	1892	1737
		21	13	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMAN SERVICES	79	101	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8988	37	CLAIM DENIED, ATTENDING PROVIDER WAS NOT ENDORSED/LICENSED/CERTIFIED	0	195	2836	2641
		8326	28	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTED				
3404946	FOOTHILLS AREA MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404949	PIEDMONT BEHAVIORAL HEALTH	21	4513	DUPLICATE OF CLAIM-SYSTEM				
		120	2819	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	23741	63965	40224
		8599	2710	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				